Print Form

Lane Community College Student Health Clinic
Consent to Use or Disclose Clinical Information

I authorize Lane Community College Student Health Clinic to use and disclose the health and clinical information of (*Patient Name*)_____, including first, middle and last name; address; phone number(s); e-mail address; sex and date of birth for the purposes of treatment, payment and health care operations. I give the Lane Community College Health Center permission to retrieve the above information from the Student/Human Resources Banner Software system.

Treatment includes activities performed by a practitioner, facility, program, nurse, office staff and other types of health care professionals providing care to you, coordinating or managing your care with third parties, and consultations with and between other health care providers.

Payment includes activities involved in determining your eligibility for health plan coverage, billing and receiving payment for your health benefit claims, and utilization management activities which may include review of health care services for clinical necessity, justification for clinical necessity, justification of charges, precertification and preauthorization.

Health Care Operations includes the necessary administrative and business function of our office.

You may review Lane Community College Student Health's ***Notice of Privacy Practices*** for additional information about the uses and disclosures of information described in this consent prior to signing this consent. Please verify that you have received a copy of our ***Notice*** by placing your initials here: ____.

Because we have reserved the right to change our privacy practices in accordance with the law, the terms contained in the ***Notice*** may change also. A summary of the ***Notice*** will be posted in the lobby of our office indicating the effective date of the ***Notice*** in the upper right hand corner. We will offer you a copy of the ***Notice*** on your first visit to us after the effective date of the then current ***Notice***. We will also provide you with a copy of the Notice upon your request.

As more fully explained in the ***Notice***, you have the right to request restrictions on how we use and disclose your protected health information for treatment, payment, and health care operations purposes. We are not required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide your emergency treatment. Other practitioner/providers who provide call coverage for our office are reuired to use and disclose your protected health inforamtion consistent with the ***Notice***.

I understand that I have the right to revoke this consent provided that I do so in writing, except to the extent that Lane Community College Student Health Clinic has already used or disclosed the information in reliance on this consent.

_____ _____ L#_____

Date Signature of patient

_____ (or) _____

Date Signature of person authorized by law